CLAIMS ONLY

	Application Number	Filing Date
	10/642697	
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2							52						
3							53						
4		1					54						
5							55						
6	1						56						
7		1					57						
8	1						58						
9		1					59						
10	1						60						
11		1					61						
12	1						62						
13							63						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	6						Total Depend						
Total Claims	10						Total Claims						